

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2921**
Registrar's No. **359**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 359		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 years		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2119 1/2 43 53 EVANS		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILIPS				d. STREET ADDRESS (If rural, give location) 2119 1/2 43 53 EVANS				
3. NAME OF DECEASED (Type or Print) CALVIN			a. (First)	b. (Middle)	c. (Last) MCCALL	4. DATE OF DEATH JAN. 13, 1957		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JAN. 15, 1910		
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PEDDIER		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED		11. BIRTHPLACE (State or foreign country) MEMPHIS TENN.		
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME ELLEN WALTON		14. NAME OF HUSBAND OR WIFE Add		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Albie Whales - 1332 Colfax Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma; Fatty Liver DUE TO (b) Aspiration Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581.0				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:38 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE James M Kelly (Type or Print)			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1-17-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-14-57		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) EAST St. Louis, Illinois		
DATE REC'D BY LOCAL REG. JAN 14 '57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE P. P. Criegler ADDRESS 1036 Tudor Ave. St. Louis, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Not Embalmed*
P. J. Crigger

Licensed Embalmer No. *3346*

P. O. Address *East St. Louis Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.